

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90035 045 ****50.00

DOCUMENT # M01000000950

1. Entity Name
WASHINGTON MUTUAL FINANCE ASSET HOLDINGS, LLC

Principal Place of Business Mailing Address
8900 GRAND OAK CIRCLE **8900 GRAND OAK CIRCLE**
TAMPA FL 33637-1050 **TAMPA FL 33637-1050**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3707423** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		P	
STREET ADDRESS		Daniel J. Gilbert	
CITY-ST-ZIP		8900 Grand Oak Circle	
		Tampa, FL 33637	
TITLE	<input type="checkbox"/> Delete	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		James R. Garner	
STREET ADDRESS		8900 Grand Oak Circle	
CITY-ST-ZIP		Tampa, FL 33637	
TITLE	<input type="checkbox"/> Delete	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Gary E. Whiting	
STREET ADDRESS		8900 Grand Oak Circle	
CITY-ST-ZIP		Tampa, FL 33637	
TITLE	<input type="checkbox"/> Delete	SVP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Rick M. Levy	
STREET ADDRESS		8900 Grand Oak Circle	
CITY-ST-ZIP		Tampa, FL 33637	
TITLE	<input type="checkbox"/> Delete	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Jack W. Pounds	
STREET ADDRESS		8900 Grand Oak Circle	
CITY-ST-ZIP		Tampa, FL 33637	
TITLE	<input type="checkbox"/> Delete	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Beverly Thurston	
STREET ADDRESS		8900 Grand Oak Circle	
CITY-ST-ZIP		Tampa, FL 33637	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Beverly Thurston* **SIGNATURE REQUIRED** Assistant Secretary April 8, 2002 813-632-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)